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031088 U.S. PTO
10/748288

123103

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	SON-2892
	First Inventor	Tatsuya KATO
	Title	TAPE DRIVE APPARATUS, RECORDING AND/OR REPRODUCING METHOD, AND RECORDING MEDIUM
	Express Mail Label No.	

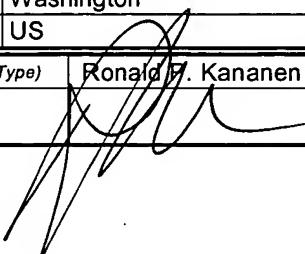
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 69] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 16]</p> <p>5. Oath or Declaration [Total Sheets 3] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>			
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper </p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>			
ACCOMPANYING APPLICATION PARTS			
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: <input type="text"/></p>			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	23353		OR	<input type="checkbox"/> Correspondence address below	
Name	RADER, FISHMAN & GRAUER PLLC Ronald P. Kananen				
Address	1233 20th Street, N.W. Suite 501				
City	Washington	State	DC	Zip Code	20036
Country	US	Telephone	(202) 955-3750		Fax (202) 955-3751
Name (Print/Type)	Ronald P. Kananen		Registration No. (Attorney/Agent)	24,104	
Signature				Date	December 31,2003

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FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Compl te if Kn wn

Application Number	Not Yet Assigned
Filing Date	December 31, 2003
First Named Inventor	Tatsuya Kato
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	SON-2892

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number 18-0013

Deposit Account Name Rader, Fishman & Grauer PLLC

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			

SUBTOTAL (1) (\$ 770.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	5	-20** =	
Independent Claims	3	-3** =	
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

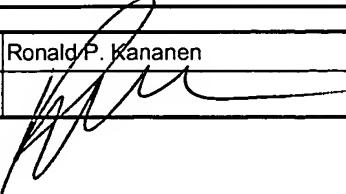
**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Ronald P. Kananen	Registration No. (Attorney/Agent)	24,104	Telephone	(202) 955-3750
Signature				Date	December 31, 2003